

Washington State
Criminal Justice Training Commission
Advanced Training-General Course Application
Only complete applications will be processed.

1. APPLICANT INFORMATION MANDATORY						
Name: <u>Last</u>		<u>First</u>		<u>Middle</u>	☐ Male	
					Female	
Social Security Nun	nber: Agency:			Title/Rank	ζ:	
Agency Address: Street or PO Box, City, State Zip Agency Phone					/	
Agency Fey						
Agency Fax: / /  Billing address if different than above:						
Need for Training:						
2. COURSE INFORMATION						
Course Title:		Course I	Course Number:		Previously Applied for this Course?  No	
Location of Course	cation of Course: Course Da		Dates:	If Yes, Wh	If Yes, When?	
3. PREREQUISITES- If applicable						
Required course:			Date/Loca	Date/Location (s):		
4. APPLICANT PRIORITY- If applicable						
If submitting more than one application for this course, indicate the priority of the applicant.						
1 2 3 4 5 (1 being the highest)						
5. MEALS AND LODGING ELIGIBILITY						
Lodging and meals are <u>now available</u> for all attendees of WSCJTC <u>sponsored</u> courses, working outside 40 miles of WSCJTC, on a space available basis. Please see Section 6 for cost structure.						
6. MEALS AND LODGING OPTIONS:						
Applicant requests lodging at the rate of \$125 per week.						
<u>Lodging</u> is on a space available, first come first serve basis, and mandated attendees will have priority. To be invoiced by WSCJTC Fiscal Division upon course completion.						
Applicant <u>requests</u> meal service, at the rate of \$115.15 for a one week ticket (includes breakfast, lunch, and dinner M-TH; breakfast and lunch on Friday or \$23 per day.						
Meal tickets must be purchased at the Academy Café, on the first day of class.						
7. AGENCY AUTHORIZATION/CONTACT INFORMATION						
Training Manager Authorization/Signature:						
Training Manager Email and Phone Number:						
Applicant Email address (Mandatory):						
All sections of this application are MANDATORY, if applicable						
PLEASE PRINT CLEARLY-Certificates will be printed, as the name appears on this application						
Fax complete application to: 206-835-7926 Or Email to: registrar@cjtc.state.wa.us						
Questions: registrar	@citc.state.wa.us					
			USE ONLY			
Registered	Accepted	Alternate	Denied	Cancelled	Billed	